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Patent
Attorney's Docket No. 027650-857

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)

Guido MORUZZI)

Application No.: 09/530,361)

Filed: April 28, 2000)

For: METHOD AND APPARATUS FOR)
STERILIZING A PACKAGING SHEET)
MATERIAL)

Group Art Unit: 1744

Examiner: M. R. Chorbaji

Confirmation No.: 5394

14

**REQUEST FOR CONTINUED EXAMINATION
TRANSMITTAL LETTER**

MAIL STOP RCE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



21839

Sir:

Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the
[] \$375.00 (2801) [X] \$750.00 (1801) fee due under 37 C.F.R. § 1.17(e).

1. [X] A. Applicant(s) previously submitted the following documents for which continued examination is requested:
[X] Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on June 20, 2003.
[] Consider the arguments in the Appeal Brief or Reply Brief previously filed on _
[] Other: _____

- [] B. Applicant(s) requests that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified below.

2. The following documents are enclosed with this submission:

- [] Amendment/Reply.
[] Affidavit(s)/Declaration(s).
[] Information Disclosure Statement (IDS).
[] Other: _____

3. [] Small entity status is hereby claimed.
[] No additional claim fee is required.
[] The fee is calculated below on the basis of the highest number of claims already paid for in this application prior to this submission:

07/10/2003 EAREGAY1 00000002 09530361

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750.00 OP

Request for Continued Examination Transmittal Letter

Application No. 09/530,361Attorney's Docket No. 027650-857

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| CLAIMS | | | | | |
|---|---------------|-------------------------------------|--------------|--------------------|--------------------|
| | NO. OF CLAIMS | HIGHEST NO. OF CLAIMS THUS PAID FOR | EXTRA CLAIMS | RATE | FEE |
| Basic Fee | | | | | \$750.00 (1001) |
| Total Claims | 19 | MINUS 20 = | | × \$18.00 (1202) = | |
| Independent Claims | 1 | MINUS 3 = | | × \$84.00 (1201) = | |
| If multiple dependent claims are presented, add \$280.00 (1203) | | | | | |
| Total Fee | | | | | \$750.00 |
| If small entity status is claimed, subtract 50% of Total Fee | | | | | |
| TOTAL FEE DUE | | | | | \$750.00 |

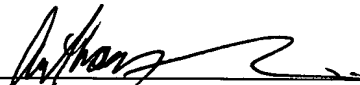
4. ☒ A check in the amount of \$ 750.00 is enclosed for the fee due.
5. ☐ Charge \$ _____ to Deposit Account No. 02-4800 for the fee due.
6. ☐ Applicant(s) requests suspension of action by the Office until at least __, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: July 9, 2003

By: 
 Anthony J. Josephson
 Registration No. 45,472

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